

TRANSCRIPT RELEASE FORM
WOOSTER HIGH SCHOOL

Student Name _____
(Print) (Last Name) (First Name)

PARENT AUTHORIZATION

This authorizes the Wooster High School Guidance Office to prepare and process all transcripts that are required for submission with:

College applications, Scholarship applications, and/or Athletic transcript requests.

Parent Signature_____ Date_____

ATHLETES: This authorizes the Wooster High School Guidance Office to prepare and process transcripts that are requested by college/university coaches.

Parent Signature _____ Date _____

STUDENTS: Please read and sign below regarding test scores.

I understand that it is my responsibility as a student to arrange for my ACT and/or SAT scores to be sent directly to all colleges/universities to which I am applying.

Student Signature _____ Date _____

*Note that NO college applications will be processed unless this form is filed in our records in the Guidance Office. Please contact Guidance Secretary should you have any questions.

FOR OFFICE USE ONLY

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